For Office Use Or	lly Received On	Processor	Routed To	Received By	Date Completed	d Final Action	
	Massachusetts I Bureau of Waste	•	f Environmental P	rotection	SSEIS Number	FMF Facility Number	Transmittal Number
	Semi-Annua	l Complia	nce Monitorin	ıg	Application Number	FMF R.O. Number	SIC Code(s)



Summary and Certification

Pursuant to 310 CMR 7.00 Appendix C(10)(h), the Semi-Annual Compliance Certification must be certified by the responsible official. Failure to provide accurate information in this report may result in civil and/or criminal penalties according to 310 CMR 7.01(2).

Additional information regarding the report and documentation listed below must be kept on file for at least 5 years and be made available to the Department upon request as required by 310 CMR 7.00 Appendix C(10).

Important:

When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.





Facility Information

Name			
Street Address			
City	State	Zip Code	Telephone Number
Facility Contact Person			Contact person's title
Semi-Annual Complia	nce Certification		
Reporting Period (Provide Ir	nclusive Dates)		
submit only this page.	ng period, no deviations from	n the Operating Permit red	equirements or any other terms or conditions occurred. If y
2. U During the entire reportion	ng period, there were deviation	ons and;	
2a. All deviations reported p	reviously	requ	e or more deviation(s) were not previously reported as uired. Attach appropriate Deviation Report(s) and supportumentation.
that, based on my inquiry of thos	se individual immediately res here are significant penalties	ponsible for obtaining the	ation contained in this document and all attachments and a information, I believe that the information is true, accurate rmation, including possible fines and imprisonment. I am
Name of Responsible Official		Title	
Signature of Responsible Official		Phone Number	Date
	By Signing This Form You	are Certifying to Page	Through Page

Facility Nan	ne:			_ Facility Address:												Date of Issuance		
			Air Ope	rating Permit S	Sen	<u>ni-A</u>	nnu	al N	lonitori	ng S	<u>Sum</u>	mary						
				Emissio	n U	nit lo	denti	ficat	tion Tabl	e 1.								
EU No.	De	scription of Emi	ssion Unit	EU Design Capac	city		Pollution Control Device											
				Emissio	n Li	mits	/Res	tricti	ions Tab	le 3.								
EU No.	Fuel/Raw Material	Pollutant	Pollutant	Restrictions	Applicable Regulation and/or Approval No.	Deviation?		Deviation Previously Reported?		Date(s) Previously	Retur Comp	ned to liance? Proposed Date of Return to		Corrective Action Plan Filed?		Plan	Comments (Including Date of Return to Compliance)	
					Υ	N	Y	N	Reported	Υ	N	Compliance	Υ	N	NR*			
	<u> </u>	ı		-1	;	No	req	uire	d	1	l .	I		I				

Reporting Period From _____ To ____

	Air Operating Permit	<u>Sen</u>	<u> 1i-A</u>	nnu	al N	lonitori	ng S	<u>Sum</u>	mary				
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EU No.	Monitoring/Testing Requirements		Deviation?		ation iously orted?	Date(s) Previously	Returned to Compliance?		Date of	Ac		ctive Plan d?	Comments (Including Date of Return to Compliance)
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		1					<u> </u>						
	R	eco	rd Ke	eepi	ng T	able 5.							
EU No.	Record Keeping Requirements	Deviation?		Deviation Previous Reported		Date(s) Previously	Retur Comp	ned to liance?	Date of	Ac		ctive Plan d?	Comments (Including Date of Return to Compliance)
		Υ	N	Υ	N	Reported	Υ	N	Return to Compliance	Υ	N	NR	
aqsarpt • (01/03 Reporting Period From To	<u> </u>	Page		of _		<u> </u> 	BWP AG	Q OP Semi-A	ınnu	al M	lonito	 ring Summary and Certification

Facility Name: ______ Facility Address: _____ SSEIS No.:_____ Transmittal No._____ Date of Issuance _____

Facility Nan	ne: Facility Address:				_ SSE	IS No.:		_ Tran	smittal No				Date of Issuance
	ne:Facility Address: Air Operating Permit S	Sen	<u>าi-A</u>	nnu	al N	lonitori	ng S	Sum	mary				
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BWP AQ OP Semi-Annual Monitoring Summary and Certification

Reporting Period From _____ To ____

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	Air Operating Permit	Sen	ıi-A	nnu	al N	lonitori	ng S	Sum	mary					
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		Υ	N	Υ	N	Reported	Υ	N	Return to Compliance	Υ	N	NR		
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Facility Name: ______ Facility Address: ______ SSEIS No.: _____ Transmittal No._____ Date of Issuance _____